

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

Volume I, Issue I

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MORTALITY ALERT!

COULD THIS HAPPEN TO YOU?

Is it possible to die from a melanoma that looks like a typical mole? That is just what happened recently to a 56-year-old female. This lady went for her regular health visit and during the exam for a Pap smear, the doctor noticed a dark mole on her hip. In March, she was told it needed to be removed. It was April before the mole was surgically removed and biopsied. The results of the biopsy proved that the mole was a malignant melanoma. In June, the oncology specialist noted that this lady had two lymph nodes which proved to be malignant, in the left groin. Later that month, surgery was completed and there were more affected lymph nodes than expected. All the lymph nodes were removed and the wound was extensive. By July, the wound was healing slowly but making progress. In August, she returned for follow-up, with a referral to a medical oncologist specialist. In September, she was sent to the wound clinic. By November, she was admitted to the local hospital with a fever and a urinary tract infection. The cancer had returned in her stomach, liver and lungs. There were no treatment options remaining. In December, she passed away.

It is of great concern that if an earlier diagnosis had been made, things may have turned out differently. Skin cancer is the most common of all human cancers. More than a million people are diagnosed yearly. A small percentage of skin cancers are malignant melanomas. Malignant melanoma is a very aggressive form of skin cancer that may be fatal if not treated early.

Performance of a regular monthly skin examination will help recognize any new or changing areas. As a caregiver, inspect the skin of a person during bathing and other personal care. Remember that the entire body is covered with skin, even behind skin folds covered by socks and underwear. Have the physician check any suspicious moles or spots. The entire skin surface requires inspection. The physician may choose to take a sample of skin (biopsy) so that the suspicious area can be examined under a microscope. The outcome of malignant melanoma depends on early detection. If detected later, tumors may spread to other organs and result in death.

Who is most at risk?

- Persons with fair skin, light hair, and blue eyes.
- Persons with certain genetic disorders (albinism and xeroderma pigmentosum)
- Persons who have already been treated for skin cancer.
- Persons with numerous, unusual, or large moles that were present at birth.

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Recertification of Medication Administration for Unlicensed Personnel

Those individuals with certification dated 1999 are due for recertification in 2001.

Regional Nurse Educators DMRS

Community agency personnel, who have satisfactorily completed the *Medication Administration Course for Unlicensed Personnel* in 1999, must be recertified to administer medication while on duty at community supported living homes and day programs. This recertification process will begin in March 2001.

The student will be eligible to take the recertification competency test a total of two times. If such individual fails to meet minimum competency requirements in such second test, the student cannot take the test again, nor shall the student be allowed to administer medications.

The recertification certificate will be in a card format. This certificate will include a representation of the official state seal, the name of the student, the date of completion, indication that the certification expires two years from the date of the training, the signature of the instructor, and the date the certificate awarded.

Again this year the independent nurse trainers in each region will offer the training. Students and Agencies may contact their local Regional Nurse Educator for times and places available.

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- Persons with close family members who have developed melanoma.
- African-Americans with darker skin get melanoma, but the risk is 20-fold less than for light-skinned persons.
- No racial group is immune.

What does a melanoma look like?

Most malignant melanomas are brown to black pigmented lesions. Any change in size, shape, color, or elevation of a mole is a warning sign. The appearance of a new mole during adulthood or bleeding of an existing mole must be checked.

Other forms of skin cancer also exist. Basal cell and squamous cell carcinoma are sometimes called nonmelanoma skin cancer.

- Basal cell carcinoma (BCC) usually looks like a raised, smooth, pearly bump on the sun-exposed skin of the head, neck, or shoulders. A central depression with crusting and bleeding frequently develops. It is often mistaken for a sore that does not heal.
- Squamous cell carcinoma (SCC) is usually a well defined, red, scaling, thickened patch on the sun exposed skin. Ulceration and bleeding may occur. If left untreated it may develop into a large mass.

An easy way to remember how to identify malignant melanoma is: ABCD

A-Asymmetry: one side does not look like the other

B-Border irregularity: margins may be notched or irregular

C-Color: often a mixture of blacks, tan, brown, blue, red, or white

D-Diameter: usually greater than 6mm (about the size of a pencil eraser) but note any change in size

Some melanomas do not conform to the A-B-C-D criteria, so a physician should examine any suspicious mole. Be active in preventing and detecting skin cancer. Become comfortable with the appearance of the skin.

Prevention includes:

- limit sun exposure (especially between 10 am - 2 pm) apply sunscreen
- wear long sleeves and a wide-brimmed hat if sunburn is likely
- avoid artificial tanning booths; conduct periodic self-examination

Refer to Information Bulletin 01-09

Self-Study Materials

Participants to read and study the **Recertification Study Guide July 2000**.

Participants to read, review, and study the **Medication Administration for Unlicensed Personnel A Training Curriculum May 1999** for general testing information.

Recommended Time Frames for Instruction

| | |
|------------|------------------------|
| Self-study | one week prior to test |
|------------|------------------------|

Recommended Classroom Instruction Time Frames

| | |
|--|----------------|
| Review with instructor | 2 hours |
| Laboratory instruction with instructor | 2 hours |
| Final exam and Competency Check | 4 hours |
| TOTAL CLASSROOM HOURS | 8 hours |

Where Can I Go For Help?

The Division of Mental Retardation Services provides the services of a Health Services Education Coordinator to assist in providing training and technical assistance in all areas for health care training. The Regional Nurse Educators are available to help with training on health related care. Many of the training programs offered are available as a train-the-trainer model. Some training is specific to nurses only. Programs are available to provider agencies, ISC agencies, advocates, agency nurses, families, trainers, supervisors, direct care staff, regional staff, and any interested community persons. Anyone interested in training may contact the regional educator for assistance.

CENTRAL OFFICE:

Ruth Givens, RN
Health Services Education Coordinator
Cordell Hull Bldg. 5th Floor
425 Fifth Avenue North
Nashville, TN 37243
Phone: 615-532-6547 Fax: 615-532-9940

EAST TN:

Charlotte Seaton, RN
East TN Regional Nurse Educator
GVDC
P.O. Box 910-Cottonwood Rm. 126
Greeneville, TN 37744
Phone: 423-798-6255 Fax: 423-798-6254

MIDDLE TN:

Carol Macy, RN
Middle TN Regional Nurse Educator
CBDC-Stamps Building
275 Stewarts Ferry Pike
Nashville, TN 37214
Phone: 615-231 -5432 Fax: 615-231 -5299

WEST TN:

Rosie Kee, RN
West TN Regional Nurse Educator
1341 Sycamore View Rd. 4th Floor
Memphis, TN 38134
Phone: 901-685-3901 ext. 156 Fax: 901-685-3919

Advanced Care Planning

Life Sustaining Treatment Policy

Regional Nurse educators will provide instruction and train-the-trainer model on the required elements of the life sustaining treatment policy to Developmental Center staff, and Provider Agency staff including ISCs.

Learner Objectives

1. Participants will learn the purpose of the Life Sustaining Treatment Policy.
2. Participants will demonstrate understanding of the required elements of the Life Sustaining Treatment Policy.
3. Participants will be able to identify the advantages of developing and maintaining a Life Sustaining Treatment Policy.

Psychotropic Medication Administration Training Curriculum

Offered by Regional Nurse Educator

Provides training on the required elements of the Psychotropic Medication Administration Policy to provider agency staff including ISCs.

In this hour long class:

1. Participants will learn the purpose of the Psychotropic Medication Administration Policy.
2. Participants will demonstrate understanding of the required elements of the Psychotropic Medication Administration Policy.
3. Participants will be able to identify the advantages of developing and maintaining a Psychotropic Medication Administration Policy.

Technical Assistance Manual is available for this revised policy.

**Psychotropic Medications Technical Assistance Manual
September 2000.**

Sometimes I Get Information Bulletins with Health Related Issues. What Is that All About?

Information Bulletins are directed toward specific issues. They are designed to be easily recognized as an important document that needs close attention. Please take the time to review the material in each bulletin as it may relate to an individual supported. Many of these bulletins contain health-related information that may assist in recognizing or prevention of health risks. Information Bulletins are also a way to distribute recent advances in health care and update materials. Many health related bulletins contain attachments or internet sites that can give further information on the specific issue. Information Bulletins may be useful for individual specific training.

Have You Had Your Training?

*Supporting People with Developmental Disabilities
in the Health Care System*

Presented by Regional Nurse Educators, DMRS

Participants will demonstrate knowledge of how to distinguish between emergency, acute, and health maintenance situations and when to get medical advice via worksheets, classroom discussion, and role playing activities in this all day workshop. This training will provide training on identification of proactive health maintenance, prevention strategies, and accommodation of health concerns

Check your local regional training calendar for times and locations. Available as train-the-trainer.

HEALTH PASSPORT Training Curriculum

This class will provide training on the required elements of the health passport to provider agency staff including ISCs.

Learner Objectives

1. Participants will learn the purpose of the Health Passport.
2. Participants will demonstrate understanding of the required elements of the Health Passport.
3. Participants will be able to complete a health passport correctly.
4. Participants will be able to identify the advantages of developing and maintaining a Health Passport.

Check your local regional training calendar for times and locations. Available as train-the-trainer.

Is There Any New Training for This Quarter?

The most recent training available is *“How to Ask Questions to Improve Health Care.”*

Participants will demonstrate knowledge of how to ask questions about health maintenance situations and how to ask questions to improve health care via classroom discussion.

Discuss obstacles to seeking health care.

- Lack of knowledge concerning DD
- Modifications in assessment

Health case management

- How to get medicine from TennCare
- Good communication

How to get better access to quality health care.

- Questions to ask about diagnosis
- Learning more about medical tests
- Questions to ask about treatments
- Provide medical staff with the information they need when arranging appointments or responding to emergencies

What to discuss at the health care visit?

- Annual physical
- Acute illness or injury
- Preventive health care

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METHODS FOR INFECTION CONTROL

The purpose of any infection control program is to prevent the spread of infection. Persons working with individuals with developmental disabilities need to implement basic strategies to reduce or eliminate the incidence of spreading all infections.

The most effective method to prevent and control the spread of disease is proper hand washing. Adequate bathroom facilities with appropriate adaptive equipment will lessen the possible spread of infection. Have the individual practice good hand washing and appropriate hygiene measures at all times. Persons with developmental disabilities need ongoing learning opportunities, with frequent and consistent demonstrations of correct techniques and monitoring of performance during hand washing. Fingernails frequently are overlooked and may be potential sources of infection. Keeping nails trimmed and clean is important. Nailbrushes can be useful in removing dirt and other agents from under the nails.

Under certain circumstances, the use of protective equipment will help control the transmission of infection. In situations where a caregiver must assist an individual with their personal hygiene needs, the use of gloves will greatly reduce the risk of exposure. Caregivers should be reminded that using gloves does not replace the need for good hand washing techniques. Always follow the recommended agency policy and procedure for hand washing.

New Training...continued from page 3

- Routine follow-up care

This training is offered as a train-the-trainer session from the regional nurse educator.

Ideas for future issues are greatly appreciated.

Please feel free to submit any news articles or request any information on issues that will promote a better understanding of the MR/DD population. Contact Ruth Givens at 615-532-6547 or by E-mail at rgivens@mail.state.tn.us

Pursuant to the State of Tennessee's policy of nondiscrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities.

The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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Ruth Givens RN, Health Services Education Coordinator
Division of Mental Retardation Services
Cordell Hull Bldg.-5th Floor
425 Fifth Avenue North
Nashville, TN 37243
ADDRESS CORRECTION REQUESTED